

PHS

PRISON
HEALTH
SERVICES
INCORPORATED

DENY 02:20 AM EMERGENCY Exhibit #2

ADMISSION DATE 4/16/05		ORIGINATING FACILITY Buttsch		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		RECHECK IF SYSTOLIC _____ <100> 50	
VITAL SIGNS: TEMP 102°		ORAL RECTAL	RESP. 20	PULSE 160	B/P 110/78
NATURE OF INJURY OR ILLNESS			ABRASION /// CONTUSION # BURN xx FRACTURE Z LACERATION / SUTURES		
S- He masturbated on me the other night - So I waited until he went to sleep and grabbed him behind the neck and punched him - Then he got up and started coming after me and I punched him again - I don't know how he got the cut on nose, maybe hit the bed					
O- Has small scratch over Rt eyebrow and a longer scratch on upper @ forearm - reddened area over the scratch - skin not broken Has swollen knuckles Rt hand			ORDERS / MEDICATIONS / IV FLUIDS Motrin 800 mg P.O. 0230 Co.		
PHYSICAL EXAMINATION A- Alteration in comfort due to altercation & another inmate O- Turn over to officers to return to population			TIME BY 0230 Co.		
DIAGNOSIS Scratches and swollen Rt knuckles					
INSTRUCTIONS TO PATIENT 03:10 AM / DENY					
DISCHARGE DATE 4/16/05		RELEASE / TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE C. Cantor RN 4/6		PHYSICIAN'S SIGNATURE		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Thomas, Michael		DOC# 228564		DOB 11/1/82	
		R/S W/M		FAC. Buttsch	